

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I (we) hereby declare that:

My residence, post office address and citizenship are the same as stated below next to my name.

I (we) believe I am (we are) an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-SIZE SNARE WITH CRIMPS

the specification of which (check one)

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____
and was amended on _____ (if applicable).

☐ was filed as PCT International application No. _____ on _____
and was amended on _____ (if applicable).

I (we) hereby state that I (we) have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I (we) acknowledge the duty to disclose information known to me to be material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I (we) hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Number	Country	Filing Date (mm/dd/yyyy)	Priority Claimed
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	

I (we) hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Number	Filing Date (mm/dd/yyyy)

I (we) hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulation, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No.	Filing Date (d/m/y)	Status (Patented, Pending, Abandoned)

I (we) hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Henry D. Coleman, Reg. No. 32,559; R. Neil Sudol, Reg. No. 31,669;
William J. Sapone, Reg. No. 32,518

all of COLEMAN SUDOL SAPONE, P.C.
714 Colorado Avenue
Bridgeport, CT 06605-1601

Direct all telephone calls to: R. Neil Sudol at Telephone No. (212) 679-0090
Address all correspondence to: R. Neil Sudol at

COLEMAN SUDOL SAPONE, P.C.
714 Colorado Avenue
Bridgeport, CT 06605-1601
U.S.A.

I (we) hereby declare that all statements made herein of my (our) own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: . Naomi L. NAKAO
Residence: 303 East 57th Street, Apt. 36, 37c
New York, NY 10022
Post Office Address:. Same as above
Country of Citizenship:. United States of America

10.16.03

Date

Inventor's Signature

Full name of second inventor: . . .
Residence:
Post Office Address:.
Country of Citizenship:.

Date

Inventor's Signature